

PATENT APPLICATION Attorney's Do. No. 8371-145

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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ADRIENNE CHOCHOLAK (SENDER'S PRINTED NAME)

(SIGNATURE)

**Box Patent Application Assistant Commissioner for Patents** Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventors: Xin Li, Louis J. Kerofsky and Kristine Elizabeth Matthews

## For: SCALABLE LAYERED CODING IN A MULTI-LAYER, COMPOUND IMAGE DATA TRANSMISSION SYSTEM

This ap	oplication is a continuation, divisional, continuation-in-part of prior tion Serial No, filed
This ap	oplication claims priority from U.S. Provisional Application Serial No.
Prior ap	pplication info: Examiner: Group Art Unit
Applica	ant requests FIG. 1 to be published with the application.
Enclosi	ures:
$\boxtimes$	Specification (pages 1- 33); claims (pages 34-42); abstract (page 43)
	10 sheets of INFORMAL drawings
$\boxtimes$	Declaration or Combined Declaration and Power of Attorney
$\boxtimes$	Newly executed (original or copy)
	Copy from a prior application (37 CFR 1.63(d))
	Incorporation by ReferenceThe entire disclosure of the prior application, from
	which a copy of the oath or declaration is supplied is considered as being part of the
	disclosure of the accompanying application and is hereby incorporated by reference therein.
	Deletion of Inventors (signed statement attached deleting inventor(s) named in the
	prior application (37 CFR 1.63(d)(2) and 1.33(b)

	Power of Attorney					
$\boxtimes$	Assignment with cover sheet					
	Assignee Name and Address:	5750 N.W.	ratories of America, Inc. Pacific Rim Boulevard Shington 98607			
	Certified copy of Priority Docume	ent No.	, filed			
	Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i) for Nonpublication Information Disclosure Statement with Form PTO 1449 Copies of references listed on attached Form PTO-1449 Preliminary Amendment					
	Change of Address					
$\boxtimes$	Return Postcard					

	CLAIM	S AS FILED		
For	Number Filed	Number Extra	Rate	Basic Fee \$740
Total Claims	41-20	21	x \$ 18 =	\$378
Independent Claims	3-3	0	x \$ 84 =	\$ 0
TOTAL FILING FEE			•	\$1,118

Cancel in this divisional applie	cation original claims	of the prior
application Serial No.	before calculating the fi	ling fee. (At least one
original independent claim mu		

PTO Form 2038 authorizing credit card payment in the amount of \$1,158 to cover filing fee (\$1,118) and assignment recordal fee (\$40) is enclosed for the above-listed fees is enclosed.

Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

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Respectfully submitted,

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